

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| DOCUMENT # <b>P92000003691</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                                                                 |                            |
| 1. Corporation Name<br><b>PRECIPHO ENTERPRISES, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                                 |                            |
| 2. Principal Office Address - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | 3. Mailing Office Address                                                                                                                                       |                            |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | Suite, Apt. #, etc.                                                                                                                                             |                            |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | City & State                                                                                                                                                    |                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country                           | Zip                                                                                                                                                             | Country                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | <b>23182 SANDALFOOT PLAZA DR</b><br><b>#45</b><br><b>BOCA RATON FL</b><br><b>33428 USA</b>                                                                      |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | <b>REINSTATEMENT</b><br><b>08-09</b>                                                                                                                            |                            |
| 4. Date incorporated or Qualified To Do Business in Florida <b>11/5/1992</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                 |                            |
| 5. FEI Number <b>65-0372136</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                      |                            |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | \$8.75 Additional Fee required for a Certificate of Status                                                                                                      |                            |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                 |                            |
| Name <b>LAWRENCE PRECIPO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                 |                            |
| Street Address (P.O. Box Number is Not Acceptable) <b>23182 SANDALFOOT PLAZA DR.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                 |                            |
| Suite, Apt. #, Etc. <b>#45A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                 |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State                             | Zip Code                                                                                                                                                        |                            |
| <b>BOCA RATON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FL</b>                         | <b>33428</b>                                                                                                                                                    |                            |
| <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                                                                 |                            |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                 |                            |
| Signature of Registered Agent <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Date <b>X 10/27/09</b>                                                                                                                                          |                            |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                 |                            |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                 |                            |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                  | City / State / Zip         |
| <b>P/O</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>LAWRENCE PRECIPO</b>           | <b>23182 SANDALFOOT PLAZA DR #45A</b>                                                                                                                           | <b>BOCA RATON FL 33428</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                 |                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                 |                            |
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                   |                                                                                                                                                                 |                            |
| SIGNATURE: <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | Date <b>10/27/09</b>                                                                                                                                            |                            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Daytime Phone # <b>561-736-7437</b>                                                                                                                             |                            |